N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING RESERVED MARGIN V. S. No. 1.

County Montgooney	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City Hunting Hilliam &	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED. Warried  White Write the word)	16 DATE OF DEATH October 9, 1913 (Month) (Day (Year)
October 16 1851	September 1791/3 to October 4, 1918
(Month) (Day (Year)  7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at Pm. The CAUSE OF DEATH* was as follows:
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPIACE (State or country)  Manyland	Contributory (Duration) yrs 6 mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  11 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  Manyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds
(Informant) Kind Control of the BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Rickick, 2006.  Flied 191	Rocharle, med Date of Burial 20 UNDERTAKER  ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ageness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 22 1914 BUREAU. V.S.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... ...Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 4 COLOR OR RACE S SINGLE. 16 DATE OF DEATH WIDOWEO, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 0 (Month) (Dav 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: proper BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) -----BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER back 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUCIDAL, or HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Instruct 13 BIRTHPLACE 5 Af place OF MOTHER (State or country DEATH ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... vrs. \_\_\_ mos. Where was disease contracted. It not at place of death? Jo Former or Item OF usual residence. mportant. Every It 15 20 UNDERTAKE

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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a hospital or institution. give its NAME Instead of street and number. I

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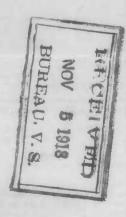
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; eated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engincer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Branchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify us mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Ilcart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ecr" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Can ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Accidental drowning; Struck by railway train-acci-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion, State cause for Never report



BINDING FOR RESERVED MARGIN

V. S. No. 1.

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Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH m

#### STATE OF MARYLAND

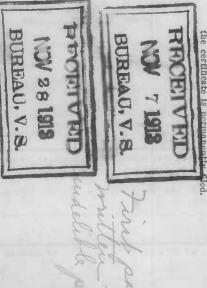
COULT STATE 14188 6	STATE OF MARYLAND CERTIFICATE OF DEATH
County / www.	Registration Dist, No.
VIIIage or City LAS Reburg (No	T. Bennette  [If death occorred is a hospital or lostitution, give its NAME instead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Suigle or	I HEREBY CERTIFY. THE DAY (Year)
TAGE  AGE  AGE  TAGE  AGE  AGE  AGE  AGE	that I least/saw h 1114 alive on 00 3 1913.
yrs mos ds. or min.?	The CAUSE OF DEATH* was as follows:  When the control of the date at a stated above, at the many and the control of the contro
(b) General nature of Industry, business, or establishmeet in which employed (or employer)	(Duration) Jyrs mos ds.
BIRTHPLACE (State or country) Maryland	Secondary (Doration) yrs mos ds
10 NAME OF FATHER James J. Bennette  11 BIRTHPLACE OF FATHER (State of country)  Manufact  State of country)	(Signed) Company English M. B. Company M. B.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  WHAT  12 MAIDEN NAME OF MOTHER  WHAT  12 MAIDEN NAME OF MOTHER  WHAT  13 MAIDEN NAME OF MOTHER  WHAT  WHAT	*State the DISEASE CAUSING DEATH, OR, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TO THE BEST OF M. PROMISERS	At place of death yrs, mos ds. Slate yrs, mos ds  Where was disease contracted.
(Informant) Tangs . Demette	If not at piace of death?————————————————————————————————————
Filed Oct 8 191 3. J. E. O. Seets	MARCHURA MA DATE OF BURIAL 320 UNDERTAKER APPRESS
REGISTRAR	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very Important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Puenperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from thenia," "Auaemia" (mcrely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Aceidental drowning; Struck by railway train-aceisucb, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal couditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Revolver wound of head-homicide; Poisoned Measles (discase causing "Scnile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of death), 29 ds.; For vio-



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PHYSICIANS

RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 2 lit death occurred in St.: Ward) a hospital or Institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, married 1913. WIDOWED. (Month) (Day) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, st 1 day hrs. OR ..... mlg. ? 8 OCCUPATION (a) Frade, protession, or particular kind of work... (b) General nature of industry, business, or establishment to (Duration) yrs. // mos. which employed (or employer) -----Gontributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address) Sarnes 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER State or country of death ...... yrs. ..... mos. ..... ds. State Where was disease contracted. If Dol at place of death?. Former or osual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indichanged or given up on account of the DISEASE Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has For persons

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrereal scotichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ample: Measies (disease causing death), 29 da.; Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of .. "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of etc. State cause for (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1 PLACE OF DEATH

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Diet	Ma.
Negisti ativii	DIST.	NO

St.:----Ward)

lif death occurred in a hospital or institution. give its NAME Instead of street and number.]

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
OLOR OR RACE 5 SINGLE, MARRIED, WIDOWED,	16 DATE OF DEATH 10-15-13, 191			
(Write the word)	(Month) (Day (Year)			
hell. 10 2-12,	17 I HEREBY CERTIFY, That I attended deceased from Och. 1841, 191, to Oth 1542, 191			
(Month) (Day (Year)	that I last saw h. An alive on John John 191			
month - 5 hour t day,hrs.	and that death occurred on the date stated above, at			
yrsmosds.   ORmin. ?	The CAUSE OF DEATH * was as follows:			
	inhagermille miltur mothelfaile			
ry,	To men coll turng oun on four of			
in	(Duration) yrs mos / ds			
met-1.	Contributory Carlie Contribution Colorantin			
Jeruna That.	(Duration) yrs mos 15 ds			
Sen Il But	(Signed) MACMoulem, M. D.			
h. /	10/17, 1913 (Address) British ful			
itry)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.			
Harry Melling				
- July morgan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)			
m had	At place In the			
try)	of death yrs mos ds. State yrs mos ds Where was disease contracted,			
E TO THE BEST OF MY KNOWLEDGE	If not at place of death?			
Noah Dest.	Former or usual residence.			
Greanda Md,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
	, isl			
191REGISTRAR	(III Tumphyn fan Racherlle			
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[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupatious Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronie valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inantion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under State cause for Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

PLACE OF DEATH	STATE OF MARYLAND
county mosla 14191	CERTIFICATE OF DEATH
Village or City Martinsburgho.	Registration Dist, No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Seex Color of Race Single, Married, Widower, Widower, Widower, Widower, Widower, Widower, Wille the Word)	16 DATE OF DEATH  (Month) (Day (Year))  17 I HEREBY CERTIFY, That I attended deceased from
7 AGE alse (Month) (Day (Year)  1 LESS than 1 day,hrs. ORmin.?	that I last saw here alive on Sept 22, 1913, and that death occurred on the date stated above, at 3, 2, m. The GAUSE OF DEATH * was as follows:
(a) Trada, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  2 Maiden NAME	Contributory Secondary  (Boration)  (Signed)  (Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs, mos ds.
(Informant) Two the BEST OF MY KNOWLEDGE  (Informant) Process Section  (Address) Process Section  15  Flied Clef 9, 191.3 Ewward	Where was disease contracted, It not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
REGISTRAR	Peles Danis & Sin Poolesville trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causing deficient with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. by carbolie acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



V. S. No. 1.

RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

. AGE should be stated EXACTLY. PHYSICIANS should state properly classifled. Exact statement of OCCUPATION is very carefully supplied. DEATH in plain terms, so that it may See instructions on back of certificate. N. B. - Every Item of Information should be CAUSE OF DEATH in plain terms, s Important.

(Address) .....

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Flied.

County VIII O VIII (No. 2)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 719  St.; Ward)  [If death occurred in a hospital or institution, give lis NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 EX 4 COLORIOBRACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
7 AGE  (Month)  (Day  (Year)  7 AGE  If LESS than 1 day,hrs. ORmin.?  8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	that I last ssw h was as follows:  (Duration)
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE TO TRUE TO THE GEEST OF MY KNOWLEDGE	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden Tal, Suicidal, or Homicidal.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden Tal, Suicidal, or Homicidal.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden of Recent Residents  *Is Length of Residence (For Hospitals, Institutions, Transients of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death?

Former or usual residence

PALA	CE OF	BURIA	ENOR	REMOVAL	
Mar	MAYLE	ON	NI	REMOVAL	

UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

uant neoplasms); Meastes; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scotichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustiou, State cause for Never report



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٧	FULL NAME Margurit T. A	Buffolr art St; Ward) Boulfaut
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I
35	EX 4 COLOR OR RACE 5 SINGLE, MARKETOR, Single (Write the word)	18 DATE OF DEATH O Tober (Month)
8 D	ATE OF BIRTH  July /4 , 19/0  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I at
7 A		and that death occurred on the date stated about the CAUSE OF DEATH* was as follows:
(b) bus whi	Genaral nature of industry, iness, or establishmant in ch employed (or employer)  IRTHPLACE tate or country)	Contributory Pulmany odlem (Secondary)
( ~		(Boration)
S	10 NAME OF FATHER Milton T. Bonifant	(Signed) Course Dayler -
	11 BIRTHPLACE (State or country)  12 MAIDEN NAME  FATHER Miltar 1. Bonifaut  Monifaut  Monifaut	(Signed) Outle Carles Causing Death, or, in death Causes, state (1) Means of Injury; and (2 Tal, Suicidal, or Homicidal.
ENTS	11 BIRTHPLACE (State or country) Md.	(Signed) Source Dayler - Oct. 21, 1913. (Address) 12 17
PARENTS	11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER Pagie & Tilman  13 BIRTHPLACE	(Signed)

1 DI ACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 273  Inffulr art St; Ward)  MEDICAL CERTIFICATE OF DEATH  (Nonth) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from 1913, to 21, 1913, at I last saw h. 2 alive on 21, 1913, at		1 - 5	
[If death occurred in a hospital or institution give its NAME instead of street and nomber.]  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE  MEDICAL CERTIFICA	Re	gistered No.	
MEDICAL CERTIFICATE OF DEATH  S DATE OF DEATH  (Month) (Day) (Year)  (Month) (Day) (Year)  (Month) (Day) (Year)  (Month) (Day) (Year)  (Nonth)	Suffulr art si:	Ward) [If death occurred a hospital or Institute give its NAME inst	icn, ead
(Month) (Day) (Year)  7 I HEREBY CERTIFY, That I attended deceased from S. 1913, to 21 1913, at I last saw h. 21 alive on 21 1913.  10 that death occurred on the date stated above, at 2.50 P. m. at Gause of Death* was as follows:  (Duration) O. yrs. 1 mos. 15 ds.  Contributory California and Contributory (Secondary)  (Doration) yrs. mos. ds.  10 cott. 21, 1913 (Address) yrs. mos. ds.  11 cott. 21, 1913 (Address) yrs. mos. ds.  12 contributory California and (2) whether Accidental, Suicidal, or Homicidal.  13 cott. 21, 1913 (Address) yrs. mos. ds.  14 cott. 21 mos. ds.  15 contributory California and (2) whether Accidental, Suicidal, or Homicidal.  16 contributory California and (2) whether Accidental, Suicidal, or Homicidal.  17 contributory California and (2) whether Accidental, Suicidal, or Homicidal.  18 contributory California and (2) whether Accidental, Suicidal, or Homicidal.  20 contributory California and (2) whether Accidental, Suicidal, or Homicidal.  21 contributory California and (2) whether Accidental, Suicidal and California a	infant	of street and nomber	.]
(Month) (Day) (Year)  7 I HEREBY CERTIFY, That I attended deceased from S. 1913, to 21 1913, at I last saw h. 21 alive on 21 1913.  10 that death occurred on the date stated above, at 2.50 P. m. at Gause of Death* was as follows:  (Duration) O. yrs. 1 mos. 15 ds.  Contributory California and Contributory (Secondary)  (Doration) yrs. mos. ds.  10 cott. 21, 1913 (Address) yrs. mos. ds.  11 cott. 21, 1913 (Address) yrs. mos. ds.  12 contributory California and (2) whether Accidental, Suicidal, or Homicidal.  13 cott. 21, 1913 (Address) yrs. mos. ds.  14 cott. 21 mos. ds.  15 contributory California and (2) whether Accidental, Suicidal, or Homicidal.  16 contributory California and (2) whether Accidental, Suicidal, or Homicidal.  17 contributory California and (2) whether Accidental, Suicidal, or Homicidal.  18 contributory California and (2) whether Accidental, Suicidal, or Homicidal.  20 contributory California and (2) whether Accidental, Suicidal, or Homicidal.  21 contributory California and (2) whether Accidental, Suicidal and California a		H9998880000000000	
(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from 1913, to 21 1913, and I last saw har alive on 21 1913.  In that death occurred on the date stated above, at 2.50 P. m. are CAUSE OF DEATH* was as follows:  (Buration) (Duration) yrs mos ds.  (Contributory Pulsus and Contributory (Secondary)  (Doration) yrs mos ds.  Igned) (Doration) yrs mos ds.  Igned	MEDICAL CERTIFICA	ATE OF DEATH	
I HEREBY CERTIFY, That I attended deceased from Superior 1913, to 1913, to 1913, at I last saw h 2 allve on 1913, to 1913, at I last saw h 2 allve on 1913, to 1913, at I last saw h 2 allve on 1913, to 1913, at I last saw h 2 allve on 1913, to 1913, at I last saw h 2 allve on 1913, to 1913, at I last saw h 2 allve on 1913, to 1913, at I last saw h 2 allve on 1913, to 1913, at I last saw h 2 allve on 1913, at I last saw h 2 all	V C 00	The state of the s	3
(Duration)  (Duration)  (Duration)  (Secondary)  (Duration)  (Secondary)  (Duration)  (Duration)  (Secondary)  (Secondary)  (Duration)  (Duration)  (Secondary)  (Secondary)  (Secondary)  (Duration)  (Secondary)  (Secondary)  (Secondary)  (Duration)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Duration)  (Secondary)  (S			_
(Duration)  (Duration)  (Duration)  (Duration)  (Secondary)  (Duration)  (Duration)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Duration)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Duration)  (Secondary)  (Secondary)	1 HEREBY CERTIFY,	That I attended deceased fro	m
(Duration) O yrs. I mos. I ds.  Contributory Parlamenta of the date stated above, at 2,50 P. m.  (Becondary)  (Becondary)  (Doration) O yrs. I mos. I ds.  Contributory Parlamenta of thems with heart for (Secondary)  (Becondary)  (Doration) yrs. mos. ds.  In the Cause of Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether accidental, Suicidal, or Homicidal.  Cause of Burial or Removal Cause of Burial (2)  Cause of Burial or Removal (3)  Cause of Burial or Removal (4)  Cause of Burial or Removal (5)  Cause of Burial or Removal (6)  Cause of Burial or Removal (6)  Cause of Burial or Removal (7)  Cause of Burial (7)  Cause	3 Upt 1, 1913, to		
(Duration)  (Duration)  (Duration)  (Secondary)  (Duration)  (Duration)  (Secondary)  (Duration)  (Secondary)  (Duration)  (Duration)  (Secondary)  (Duration)  (Duration)  (Secondary)  (Duration)  (Secondary)  (Duration)  (Duration)  (Secondary)  (Duration)  (Secondary)  (Duration)  (Duration)  (Secondary)  (Secondary)  (Secondary)  (Duration)  (Secondary)  (Secondary)  (Secondary)  (Duration)  (Secondary)  (Secondary)  (Secondary)  (Duration)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Duration)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Duration)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Duration)  (Secondary)  (Sec	at I last saw h. 22. alive on	och 215 ,1913	3
(Buration) O yrs. 1 mos. 15 ds.  Contributory Pulmanana orderia with heart for (Secondary)  (Boration) yrs. mos. ds.  igned) Order o	d that death occurred on the date	stated above, at 2,50 P.	m,
(Buration) O yrs. 1 mos. 15 ds.  Contributory Parameter ordered with heart for (Secondary)  (Boration) yrs. mos. ds.  igned) Order O whether ordered o	CAUSE OF DEATH * was as follow	ows: , ,	
(Buration) O yrs. 1 mos. 15 ds.  Contributory Parameter ordered with heart for (Secondary)  (Boration) yrs. mos. ds.  igned) Order O whether ordered o	acute policom	yelitis	
(Secondary)  (Doration)  (Doration)  (Secondary)  (Doration)  (Doration)  (Secondary)  (Doration)  (Doration)  (Secondary)  (Doration)  (Doration)  (Secondary)  (Doration)  (Secondary)  (Doration)  (Secondary)  (S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	• • •
(Secondary)  (Doration)  (Doration)  (Secondary)  (Doration)  (Doration)  (Secondary)  (Doration)  (Doration)  (Secondary)  (Doration)  (Doration)  (Secondary)  (Doration)  (Secondary)  (Doration)  (Secondary)  (S		18 m h g er n 800 () f first () n 10 () h 2 d d e n 2 m m m m m m m m m m m m m m m m m m	000-
(Secondary)  (Doration)  (Doration)  (Secondary)  (Doration)  (Doration)  (Secondary)  (Doration)  (Doration)  (Secondary)  (Doration)  (Doration)  (Secondary)  (Doration)  (Secondary)  (Doration)  (Secondary)  (S	= = = = = = = = = = 0 0 0 0 0 0 0 0 0 0	* * * * * * * * * * * * * * * * * * *	2000
(Secondary)  (Doration)  (Doration)  (Secondary)  (Doration)  (Doration)  (Secondary)  (Doration)  (Doration)  (Secondary)  (Doration)  (Doration)  (Secondary)  (Doration)  (Secondary)  (Doration)  (Secondary)  (S	(Duratio	(n) O yrs. 1 mos. 15	ds.
*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  *State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  **State the DISEASE CAUSING DEATH, OR, In deaths from VIOLENT CAUSENTS.  **DISEASE CAUSING DEATH, OR, IN deaths from VIOLENT CAUSENTS.  **DISEASE CAUSING DEATH, OR, IN deaths from VIOLENT CAUSENTS.  **DISEASE CAUSING DEATH, OR, IN deaths from VIOLENT CAUSENTS.  **DISEASE CAUSING DEATH, OR, IN death	Contributory Parketter (Secondary)	orderna with heart.	ai
*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  *State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  **State the DISEASE CAUSING DEATH, OR, In deaths from VIOLENT CAUSENTS.  **DISEASE CAUSING DEATH, OR, IN deaths from VIOLENT CAUSENTS.  **DISEASE CAUSING DEATH, OR, IN deaths from VIOLENT CAUSENTS.  **DISEASE CAUSING DEATH, OR, IN deaths from VIOLENT CAUSENTS.  **DISEASE CAUSING DEATH, OR, IN death	(Doratic	on)vrs. mos. r	is.
*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  *SLENGTH OF RESIDENCE (FOR HOSPITALA. INSTITUTIONS. TRANSIENTS. OR RECENT RESIDENTS) place In the death yrs. mos. ds. State yrs. mos. ds.  here was disease contracted, not at place of death?  The company of the compan			
*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  3 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) place In the death yrs. mos. ds. State yrs. mos. ds. here was disease contracted, not at place of death?  There or was residence.  3 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Lat. 2, 2, 1913)  4 UNDERTANCE			
*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  3 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) place In the death yrs. mos. ds. State yrs. mos. ds. here was disease contracted, not at place of death?  There or was residence.  3 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Lat. 2, 2, 1913)  4 UNDERTANCE	oct, 21, 191 3 (Address)	1217 Connecticut	w
DENGTH OF RESIDENCE (FOR HOSPITALE. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) place in the death yrs. mos. ds. State yrs. mos. ds. here was disease contracted, not at place of death? merer or usal residence.  PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OCT & 2, 191.3			
death yrs. mos. ds. State yrs. mos. ds. here was disease contracted, not at place of death?  There was disease contracted, not at place of death?  There or was residence.  Place of Burial or Removal Date of Burial Oct & 2, 191.3			
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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." childhirth or miscarriage, as "Purpresal septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railroay train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for "Ileart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms) : Measles; Whooping cough: Chronic ture of the American Medical Association.) is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin: "Can-Examples: For vio-



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. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is verimportant. See instructions on back of certificate.	
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Every item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.	
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in Village or City St .: ....Ward) a hospital or institution, give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIEO. WIDOWED. (Year) (Month) (Day ORDIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a t day ......hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) .. State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OFFATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death .... ... yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ Where was diseasa contracted. It not at place of death? Former or usual residence. 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of ilishould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carein-

naut neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head State eause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 6 1918
BUREAU, V.S.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/7 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIEO, WIDOWED. (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t day ..... hrs. 29 OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ..... yrs. ..... ... mos. 14 THE ABOVE IS TRUE TO Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 16

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[If death occurred in

(Year)

a hospilal or institution, give its NAME instead of street and number. I

State \_\_\_\_\_ yrs. \_\_\_\_ mos.

ADDRESS

DATE OF BURIAL

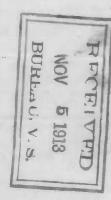
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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

lesis of lungs, meninges, peritonaeum, etc., pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," brospinal term for the same disease. Examples: Cerebrospinal tlme and causation), using always the same accepted causing death (the primary affection with respect to "Croup";) fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE meningltis"); Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-Diphtheria "Epidemic cere-(avoid use

> nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Congeuital," "Senile," etc.), "Dropsy," "Exhaustion," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inauitlon," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, totawas) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



BINDING MARGIN RESERVED

V. S. No. 1.

N. B.

PHYSICIANS should state of OCCUPATION is very statement of PERMANENT EXACTLY. UNFADING INK-THIS IS WRITE PLAINLY, WITH plain See instructions CAUSE OF Important. S PLACE OF DEATH 14196

County French

Village or City Meur Germanken

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No...

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[if death occurred in a hospital or lostitution, give its NAME instead of street and number.]

FULL NAME Still Born Infant (Campbell)

TOLL MAIN L	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED	16 DATE OF DEATH /0 31 ,1913 (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h alive on 191
Still - Birth I day,hrs.  yrs mos, ds. OR min.?	and that death occurred on the date stated above, at Sm., The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work.	•
(b) General nature of Industry, pusiness, or establishment in which employed (or employer)	(Duration)mosds.
BIRTHPLACE (State or country) Maryland	Contributory Secondary
10 NAME OF Seury Campbell	(Signed) (Signed) (Signed), M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
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OF MOTHER (State or country) MMM (State or country) MMM (State or country) MMM (State or country) MMMM (State or country) MMMMM (State or country) MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM	of deathyrs mos ds. Stateyrs mos ds  Where was disease contracted, f not at place of death?
(informant) Jenny Comphell	Former or usual residence.
Address) Tassassid ud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Nov. 2 1913
Filed 2 - 20 - 191 4 & B. Neets	20 UNDERTAKER ADDRESS
REGISTRAR	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Screant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yis.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by raileay train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion,"



V. S. No. 1.

# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County	Montgue Co. (	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 218
Village or	FULL NAME Cirquia C	St; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
P	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Temale	4 COLOR OR RACE  SINULL,  MARRIED,  WIDDWED,  ORDIVORCED  (Write the word)	16 DATE OF DEATH Of 1074 , 191.3 . (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF	(Month) (Day (Year)	OCX 8, 1913, to OCX 9, 1913, that I last saw h 42 alive on OCX 9, 1913
7 AGE	3 4 yrs mos ds. If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 1/2 40 ft.m., The CAUSE OF DEATH* was as follows:
(b) General n business, or	ofession, or d of work	Pulmmany Pulus culus  (Duration) 4 yrs mos ds.  Contributory Cax Laurlun
Y II BIR OF (St	THPLACE FATHER tate or country)  DEN NAME  THERETHER THERETHER THERETHERETHERETH	(Signed) (Ouration) (Ouration) (Signed)
13 BIR OF	THPLACE MOTHER Server Buff.  Ante or country) Ger	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos2 ds. Stale yrs, mos2 ds. Where was disease contracted, CALOO A. Co.
(Informant)	Miss Dora Schwarzkopf.  Mess Washington	If not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Qe	1913 C. n & televin h	Morkey 1. 191.3. 200 NDERTAKER  ADDRESS  ADDRESS  ADDRESS  ADDRESS
,	If more blanks are needed, address State Regist	trar, 6 E. Franklin A., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salcsman, "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronie valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig oma, Sareoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital." "Senilc," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) State cause for Never report

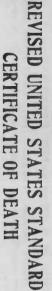
If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 5 1918
BUKEAU, V.S.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

N. B.

PLACE OF DEATH 14100	STATE OF MARYLAND
an ta tallo	CERTIFICATE OF DEATH
Village or City Dura Millino.	Registration Dist. No. 212/ St.; Ward)  St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]  Chelch Advandadaves
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
Formale Colored Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Del 16 , 1913 (Month) (Day (Year)	that I last saw h alive on, 191
7 AGE   It LESS than t day, 3 hrs. OR	and that death occurred on the date stated above, at
e occupation (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishmant in which amployed (or employer)	gental weakness  (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Guruf Mall	Contributory Secondary  (Ouration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER  OTHER  OF MOTHER  OT	(Signed) , M. D.  , 191 (Address) Selvelo Devent  *State the Disease Causing Death, or, in deaths from Vioyent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER OMMA Melley  13 BIRTHPLACE OF MOTHER (State or country)  Mcd,	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONA, TRANSIENTA, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds
(Informant) Show and Laves	Where was disease contracted, If not at place of death?  Former or usual rasidenca
(Address) Selver Spring Mo  15 Filed Oct., 18, 191.3 H. Drown REGISTRAR  If more blanks are needed, address State Regis.	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  OCH 18, 1913  20 UNDERTAKER  ADDRESS  Clover Spring  trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.
	nd,

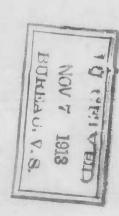


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. catcd thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, uot who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Scrvant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lunds, meninges, peritonacum, etc., Carein-

cause of death approved by Committee on Nomencla-"Contributory." schsis, tctanus) may be stated under injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seulle," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis. by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion," the head of Never report



No.

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#### 14199 1 PLACE OF DEATH state Very OCCUPATION IS should PHYSICIANS (No .... of statement PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, OPDIVORCED (Write the word) Exact DATE OF BIRTH classified. (Month) (Day (Year) . AGE should properly classif 7 AGE If LESS than 1 day .....hrs. OR ..... 7 mos. BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. (b) General nature of industry, business, or establishment in which employed (or employer) ..... carefully su that it ma f certificate. BIRTHPLACE (State or country) 10 NAME OF FATHER 80 0 terms, on back PARENTS 11 BIRTHPLACE OF FATHER (State or country) UO 12 MAIDEN NAME DEATH in plain See instructions OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) MY KNOWLEDGE CAUSE OF Important. (Address)

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward)	[It death occurred in a hospital or Institution,
	give its NAME instead

MEDICA	L CERTIFICATE	OF DEATH
16 DATE OF DEATH	Oct (Month)	, 191.: (Day (Year)
- 4	SY CERTIFY, That	l attended deceased from
	anve on/	7 3 1 1 , 1913
and that death occurred The CAUSE OF DEATH  Country  Coun	* was as follows:	ed above, at G
Contributory		yrs Z mos
e da	(Address) R	yrs mos.
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM	CAUSING DEATH, GANS OF INJURY;	or, in deaths from VIOLEI and (2) whether Accide
At place	s ds. State	S. INSTITUTIONS, TRANSIENT
USUAI residence		
norbech	A REMOVAL	OCCO, 191
20 UNDERTAKER	- (	ADORESS

[Approved by U. S. Census and American Public Health Association.]

infication as Day laborer, Farm laborer, Laborer-Coal should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—In an excepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for

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JAN 22 1914 BUREAU, V.S.

### MARGIN RESERVED FOR BINDING

PHYSICIANS should of OCCUPATION IS RECORD PERMANENT UNFADING PLAINLY ATH in plain instructions DEAT Item OF Every Item CAUSE OF Important.

'PLACE OF DEATH 14200 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in -Ward) a hospital or lostitution. give its NAME lastead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended dasseasd from DATE OF BIRTH (Day (Month) (Year) TAGE if LESS than and that death occurred on the data stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of ludustry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs \_\_\_ Where was disease contracted. THE ABOVE IS TRUE TO THE If not at place of death?. Former or (Informant) usual residence DATE OF BURIAL (Address). 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

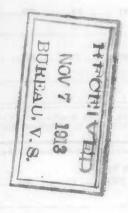
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necbeen changed or given up on account of the disease statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b)

Statement of cause of death—Namc, first, the DISTASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronie ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canby earbolie acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"



V. S. No. 1.

PHYSICIANS should state	of OCCUPATION IS very	)
N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	Important. See instructions on back of certificate.

PLACE OF DEATH 14201 CERT

Village or City Wardington Suns

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 218

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Willing & & Willie Harry

THE PROPERTY AND THE PR	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	18 DATE OF DEATH 19
The Color or RACE Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Oct 12 1917, to Oct 17 , 1917
(Month) (Day (Year)	that I last saw h Man alive on Oct 19 191 5
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, atm,
yrsmosds.   1 day,hrs.   ORmin. ?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Trummea
(b) General nature of Industry, business, or establishment in	(Duration) yrs. mos. / ds.
which employed (or employer)  BIRTHPLACE (State or country)	Contributory Tex Secondary
10 NAME OF FATHER WILLIAM & Haves	(Signed) (Duration) yrs mos / ds. (Signed) (Madress) (Address) (Address) (Madress) (Ma
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Worshington & C	OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds  Where was disease contracted, the contracted the co
(Interment) Hansing W Wallace	If not at place of death?
(Address) 3619 Olymany Place	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 A 2 A A B A B A 10	20 UNDERTAKER ADDRESS
File REGISTRAR	R. W. Pourseling & dan Rochardo mol
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Equesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is uecof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," write None. At home. As examples: "Foreman,"

Statement of cause of death—Name, first, the nisease causing nearin (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the Americau Medical Association.) dent; Revolver wound of head-homicide; Poisoned "Heart failure," "Haemorrhage," "Inanition," "Marasis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing (Recommendations ou statement of death), 29 ds.; "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 5 1918
BUKEAU, V.S.

	RECORD	PHYSICIANS should state t of OCCUPATION is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
part.		_

PLACE OF DEATH 14202	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty / Isaas g / Norty	Registration Dist. No. 223
Village or City Jakoma Jark (No	St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Pare of BIRTH  4 COLOR OR RACE   6 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word)  6 DATE OF BIRTH  (Month) (Day) (Year)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, Inat Lattended deceased from 25, 191 3, to 24, 191 3, that I last saw h 44, alive on Och 23, 191 3
TAGE  It LESS than 1 day,hrs. ORmin.?  Control of work.	and that death occurred on the date stated above, at 12, m, The GAUSE OF DEATH* was as follows:  Liphthena (Louvellas  Lourellas  Lourellas  Lourellas
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Mont gomens	(Duration) yrs. mos. 4 ds.  Gontributory Caroliae failur gran (Secondary)  Loruma (Duration) yrs. mos. ds.
10 NAME OF FATHER EN a B Glavrison  11 BIRTHPLACE OF FATHER (State or country) Cernsy Prawia  12 MAIDEN NAME OF MOTHER	(Signed), M. D.  Och. 1-4, 1913. (Address)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds  Where was disease contracted, if not at place of death?  Former or
(Address) Pakerna fark Nd.  16 Filed Oct 24, 191 3. L. E. Rogers.  REGISTRAR  DIf more blanks are needed, address State Regis trar, 6	19 PLACE OF BURIAL OR REMOVAL  Rock lereck. Wash. D. d. Oct. 24, 1913.  20 UNDERTAKER  Jahnewrightled  1337-10 et mu  Entranklin St. Beiter Sequesting V. S. No. 1
11 more branch are needed, address brate negrs trar, 6	m. readant St., Danto., Exequenting v. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of IIIbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Puerperal scottchae. canse of death approved by Committee on Nomencia-"Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vioetc., when a definite disease can he ascertained as the mus," "Old Age," "Sbock," 'Traemla," "Weakness," genital," "Senile," etc.), ture of the American Medical Association.) sepsis, tctanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Contbenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.: nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report



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[Approved by U. S. Census and American Public Health Association.]

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cause of death approved by Committee on Nomencla. scpsis, tctanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Dehillty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not he stated unless important. ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:



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(Address) ...

Filed 10-6-

16

PLACE OF DEATH  County Montgowery 14204  Village or City & duor (No  2FULL NAME Hoaltie Jo	10 reksou	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 2/7  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULA	IRS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, GRDIVORCED ORDIVORCED (Write the wo	ugle	16 DATE OF DEATH Q 5, 1913 (Month) (Day (Year)
TAGE  Contact of BIRTH  Contact of Day  Tage	(Year)  If LESS than  1 day,hrs.	that I last saw here alive on Oct. 4th , 1913 and that death occurred on the date stated above, at 10 A m
GOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	ORmln, ?	The CAUSE OF DEATH* was as follows: Colobra Infaulium & Conjection of Hungs.
which employed (or employer)  BIRTHPLACE (State or country) Movely: 60, Mo  10 NAME OF FATHER forday fackso  11 BIRTHPLACE OF FATHER (State or country) Movely: 60, Movely: 60	w	Contributory Secondary  (Duration) yrs mos d  (Signed) Chas Fargubar  (Signed) Chas Gadress) Obey, Mod.
(State or country) Moulg: (Co., (C)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  10 15 C 15	ed.	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS IN the

	of death yrs mos. !	ds.	.State	yrs	mos
1	Where was disease contracted, If not at place of death?				
	Former or			00000000000000000000000000000000000000	***********
	usual residence				***********
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PLACE OF BUR	IAL OR REMOV	AL	DATE	OF BURIA	L
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20 UNDERTAKER ADDRESS

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an ness of various pursuits can be known. The question tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, upplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopicumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nophritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of Never report



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### 14205 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. lif death occurred in -Ward) a hospital or institution, give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 4 COLOR OR RACE 5 SINGLE, 18 DATE OF DEATH MARRIED, WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That Lattended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date atsted above, at 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 GOCCUPATION (a) Trade, protession, or particular kind of work (b) Deneral nature of industry, business, or establishment in which employed (or employer) ..... BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (Address) (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death State Where was disease contracted. BEST OF MY KNOWLEDGE it not at place of death? Former or usual residence OR REMOVAL DATE OF BURIAL 15 1915 20 UNDERT ADDRESS Filed. REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



### Village or City Gatthusburgno.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 31

Martine give its NAME Instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from that I last saw has alive on the saw has aliv
and that death occurred on the date stated above, at 40. m  The CAUSE OF DEATH* was as follows:
Contributory Secondary (Duration) yrs mos de
(Signed)
At place of death yrsO mos ds State yrsO mos ds thin the gray disease contracted, It not at place of death? C thin the gray disease contracted,
Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  30 UNDERTAKER  ADDRESS

[Approved by U. S. Census and American Public Health Association.]

statement. gainfully employed, as At sehool or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Civil engineer, Stationary freman, etc. But ln many first line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberentesis of lungs, meninges, peritonaeum, etc., Carcin-

ctc., when a definite disease can be ascertained as the affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. naut neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of..... childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from thenia," "Anacmia" (merely symptomatle), "Atrophy," ample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart fallure," "Haemorrhage," "Inanttion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debillty" ("Conmere symptoms or terminal conditious, such as "As-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of (name origin; "Can-State cause for Never report For vio-



14207 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in \St: Ward) a hospital or institution. RECORD give its NAME instead acher Prat of street and number. 1 STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. 1912 WIDOWED, (Month) (Year) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from OF BIRTH (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at, cla 1 day.....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? proper BOCCUPATION O (a) Trade, profession, or particular kind of work (b) General nature of Industry. FADING business, or establishment in vrs 7 mos 20 de (Buration) which employed (or employer) ..... BIRTHPLACE Contributory certifical Secondary (State or country) 10 NAME OF FATHER 6 back 11 BIRTHPLACE PARENTS OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) 5 At place of Inford of death ...... yrs, ..... mos. .... ds. State ... Where was disease contracted. If not at place of death? Former or Item OF usual residence. mportant. 19 PLACE OF BURNAL OR REMOVAL DATE OF BURIAL EVERY 15 20 UNDERTAKER B REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, ctc., Carcin-

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If this certificate is looked over thoroughly and all questions noswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 6 1913
BUHLAU, V.S.

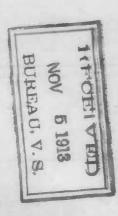
PLACE OF DEATH 14208	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 217
Village or City Brighton (No. 1) 2FULL NAME Horore Filhusue	St.; Ward)  [It death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Bolored (Write the word)	16 DATE OF DEATH OCT 2 , 1913 (Month) (Day (Year)
DATE OF BIRTH Uluknown, 1	July 29 th., 1913, to Leftlewher 25, 1913
(Month) (Day (Year)	and that death occurred on the date stated above, at
(a) Trade, profession, or farme work  (b) Generat nature of industry,	Howard involvement
business, or establishment in which employed (or employer)  BIRTHPLACE (State or eountry) Aboutg. Co. Mbd.	Contributory Secondary  Astheria
10 NAME OF Samuel Pumplerey	(Signed) Chas. Farguelar) M.  10-4-, 1913 (Address) Oliver, Med.
OF FATHER (State or country) Morelg. Co. Mod.  12 MAIDEN NAME OF MOTHER Maxilla, Rossier.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Movelg. Bo. Med.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place In the ot death yrs mos ds. State yrs mos (
(Informant) John & Teaufliney	Where was disease contracted, If not at place of death?  Former or usual residence
Filed D-4-1913 Chas Farguelar	19 PLACE OF BURIAL OR REMOVAL  Short Stool Beweling 10 - 5 -, 191. 20 UNDERTAKER  ADDRESS
If more blanks are needed address State Poster	trar, 6 E. Franklin St., Balton, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nection is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping eough; Chronie cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of



important.

8

15

(Address)

1 PLACE OF DEATH

(No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St :----Ward)

Ilf death occurred in a hospital or Institution, give its NAME Instead of street and number.]

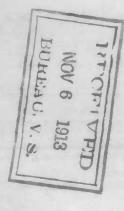
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOROR RACE 5 SINGLE, WARRIED, WIDOWED. WIDOWED. Widoweth Write the word)	16 DATE OF DEATH OF 26- , 1913. (Month) (Day (Year)
(Month) (Day (Year)    186    (Year)	that I last saw h As alive on Cel 25 , 191 3 and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:
or Farmer ork	atisphie (alesholie)
employor) Burgley or employor) Just Addition of Oryles  Acted to the Control of	(Duration) 2 yrs. mos ds.  Contributory Burelin - Heart falue, Secondary  (Duration) yrs. Onemos ds.  (Signed) , M. D.  Oel & 7, 191 3 (Address) Kara Vis ass.
NAME Anne Pyle	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
4800 Whi Cer De	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Pashington De Det 28, 1913
FEGISTRAR  If more blanks are needed, address State Regist	20 UNDERTAKER ADDRESS ADDRESS PARTIES

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfuicated thus: Farmer (retired 6 yrs.) For persons statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. ness. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," "Seuile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomeucla-"Contributory." schsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgleal operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



### PHYSICIANS should state of OCCUPATION Is very RECORD properly classifled. Exact statement PERMANENT stated EXACTLY. should be UNFADING INK-THIS IS AGE carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s Important. N. B.

1 PLACE OF DEATH	14210
manifam,	

Rrednice hed (No.



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St	Ward

[it death eccurred in a hospital or Institution, give its NAME instead of street and number.]

2 FULL NAME Cacherun &	aherrar give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, MIDDWED, WIDDWED, DROIVORCED DROIVORCED	(Month) (Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	that I last saw here alive on ang. 2 1913
7 AGE   It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) Deneral nature of industry, business, or establishment in which employed (or employer)	hua Jacca Ja
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Thomas Curtur  11 BIRTHPLACE OF FATHER (State or country)  22 Maiden NAME  12 MAIDEN NAME	Contributory Secondary  (Signed)  (S
of Mother Many Leiseur  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds. State yrs, mos ds  Where was disease contracted, It not at place of death? former or usual residence.
(Address) / Dreloceen 16	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS

REGISTRAR

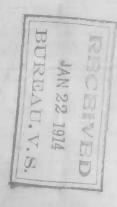
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise speciit should be used only when needed. essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Preeise statement of occupa-Spinner, If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (6)

pneumonia"); Lobar pneumonia; Bronchopneumonia lesis of lungs, meninges, peritonaeum, fever (the only definite synonym is term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to "Pneumonia," Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Typhoid unqualified, is indefinite): Tubercufover (never report "Epidemic eereere.,

> mus," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puenperal septichaeete., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatie), "Atrophy," eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fraeture of skull, and eonsequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), mere symptoms or terminal conditions, such as "As-Bronehopneumonia (seeondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) "Old Age," "Shoek," "Uraemia," "Weakness," tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



PHYSICIANS should state of OCCUPATION Is very

properly classified. Exact statement

pinous

AGE

UNFADING INK carefully supplied. certificate.

PLAINLY, WITH

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See Instructions on back

important.

Every Item of Information should to CAUSE OF DEATH in piain terms,

N. B.

RECORD

PERMANENT stated EXACTLY. 1 PLACE OF DEATH

1421

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....2

St.; .....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME SAMULE CAMORA SA	zenish snower
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h alive on attendence 191
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at
3 3 yrs / O mos // ds   QR min. ?	The GAUSE OF DEATH * was as follows:
S OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry,	grow history about 24 hours
business, or establishment in	(Duration) yrs mos. ds.
which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER howes H. Showers  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MX KNOWLEDGE	Contributory Cleville Secondary  Secondary  (Signed) (Signed) (In the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds  Where was disease contracted, If not at place of death?
(Interment) Farry Showers	Former or usual residence
(Address) Try attalawa ma	Marronia md Date of Burial Det 27, 1913
Filed Sct 2 6, 1912 C. D. Etohum 3 d	20 UNDERTAKER ADDRESS Garthus kurg
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

### CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laberer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debllity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head (Recommendations on statement of death), 29 ds.; State cause for For vio-



Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED

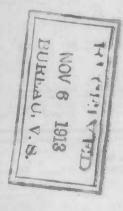
PLACE OF DEATH_14212  County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2/2  St.: Ward)   It death occurred in
	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male of sile (Write the word)	16 DATE OF DEATH Oct 23 , 191.3 (Year)
DATE OF BIRTH  (Month)  (Day (Year)	that I last saw healthlye on Clef 23 1913.
TAGE  Soccupation (a) Trade, protession, or particular kind of work  Tage  It LESS than 1 day,hrs. ORmin.?	snd that desth occurred on the date stated above, at 5 m.  The CAUSE OF DEATH* was as follows:
(b) Deneral nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  State or country)	Contributory Orlers Selection (Duration) yrs
11 BIRTHPLACE OF FATHER (State or Centry) Conclusion Co Ta	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLETT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Address) Deckerasse Mal.  15 Filed Cet 2 3, 191 3 EW White REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Susbing of 1913.  20 UNDERTAKER  Haller Hall  Volume 122
II more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," As examples: But in many "Foreman," -Coal (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nnqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (uame origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," The nature of the "Exhaustion," Never report



Very

RECORD

### should state OCCUPATION IS PHYSICIANS ō PERSONAL AND STATISTICAL PARTICULARS Exact statement SEX 5 SINGLE, 4 COLOR OR RACE MARRIEO, WIDOWEO. ORDIVORCED 6 DATE OF BIRTH classified. (Month) (Day) 7 AGE properly BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, pe business, or establishment in may which employed (or employer) -----certificate. 9 BIRTHPLACE (State or country) that 10 NAME OF FATHER 120202 0 OF FATHER (State or country) on back terms, PARENT 12 MAIDEN NAME OF MOTHER DEATH in plain See Instructions 13 BIRTHPLACE OF MOTHER (State or country) OF MY KNOWLEDGE jo (Informant) item OF Every Item CAUSE OF Important. 15 N. B

1 PLACE OF DEATH

14213

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St :----Ward)

[It death occorred la a hospital or Institution, give its NAME instead at street and comber. 1

S	MEDICAL CERTIFICATE OF DEATH			
down	16 DATE OF DEATH	0		, 1913
	(Mon-		(Day)	
., 1	that I last saw h. 62 alive on . 6	7- 1		
(Year) It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date st The GAUSE OF DEATH* was as follow	Ws:		
	Delieumetan			
	Gontributory L. L. G. G. G. (Buration)  (Secondary) (Duration)  (Duration)	2	•	*************
	(Signed) Schward and	enso		, M. D.
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.			
DGE	18 LENGTH OF RESIDENCE (FOR HOSPITOR RECENT RESIDENTS) At place of death yrs. 9 mos. 24 ds. St Where was disease contracted, 11 not at place of death?	the late	yrs, m	DS ds.
	Former or usual residence Clarks Rabus	g M	di	
1	19 PLACE OF BURIAL OR REMOVAL!	0	TE OF BU	RIAL , 191.3
EGISTRAR	O. G. Can Fish	0	The !	Md

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. . If the occupation bas of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaissed, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septicharmus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver scound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. ample: Measics (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritin nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resuiting from (Recommendations on statement of "Dropsy," (name origin; "Can State cause for "Exhaustion," Never report Examples: For vio-



	RECORD	PHYSICIANS should state
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

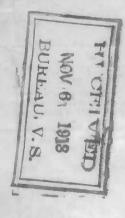
Gounty Montgonung 14214	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 220
Village or City Delkinson. (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mall While Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)
DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h my alive on Q 1/6 , 1917
TAGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 9 Ac m? The GAUSE OF DEATH* was as follows:
parlicular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory July 100 100 100 100 100 100 100 100 100 10
10 NAME OF FATHER Daniel Vestinger	(Secondary)  Ful realor (Ouration) yrs. 6 mos. ds.  (Signed) E. W. W. h. L. S. M. D.
of Father (State or country) Mungland'  2 Maiden Name 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Sennany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted.
(Informant) MM . S. & . Valuage	If not at place of death?  Former or usual residence
(Address) Dig winn May  Filed Oct. 18. 1913 J. M. While  REGISTRAR	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  Phillow D. Thue  ADDRESS  Pholosville
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. As examples additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulwho have no occupation whatever, write None Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," -Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Meastes (disease causing affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla. by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Sentle," etc.), (Recommendations on statement of may be stated under the head or HOMICIDAL, or as probably "Dropsy," "Exhaustion," "PUERPERAL scptichae-(name origin; "Candeath), 29 ds.; Never report Examples:



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RECORD

### 14215 ACE OF DEATH (No. PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, Wy down DRDIVDRCED (Write the word) 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS tha 1 day, ..... hrs OR ..... min. ? 8 OCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER of back RENTS 11 BIRTHPLACE OF FATHER (State or country 0 12 MAIDEN NAME K OF MOTHER See Instructions OF MOTHER (State or country 14THE ABOVE IS OWLEDGE (Informant) Important. (Address) 15 Oct. 20 REGISTRAR

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[if death occurred in a hospital or Institution, give its NAME Instead ot street and number.]

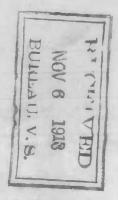
DANIAL CHARGETICAL DADTICILIADS	MEDICAL CERTIFICATE OF DEATH
RESONAL AND STATISTICAL PARTICULARS	
COLOR OR RACE  MARRIED, WIDOWED, ORDIVORED (Write the word)	18 DATE OF DEATH Och 20, 1913 (Month) (Day) (Year)
IRTH // /	Och. 17 1913, to Och 20 1913
(Month) (Day) (Year)	that I last saw hards alive on Och. 17 1913
If LESS than	and that death occurred on the date stated above, at. H R m.
86 yrs. mos. 1 day, hrs. or nin.?	The CAUSE OF DEATH* was as follows:
ON SSION, OF OLD	Crobral Homor hayes
of work 10 www.	
ure of Industry, stablishment In (or employer)	(Duration) yrs. mos. ds.
Euntry) Mansland.	Contributory Whenoschyosis (Secondary)
ior Silvas Ward	(Signed) Je M. White M. D.
HPLACE ATHER e or country) MWM and.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
EN NAME MATERIALE	TAL, SUICIDAL, or HOMICIDAL.
HPLACE NIE P	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
or country, Manyana	of death yrs. mos. ds. State yrs. mos. ds
E IS TRUE TO THE WEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
#ILT, WWW.	Former or usual residence
ss) Barrervel year.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
20 1913 J. M. While	20 UNDERTAKER ADDRESS
REGISTRAR	Mil dietor & Sows. Barnesvill.
If more blanks are needed, address State Regis trar, 6	

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ccre-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc... Carcin-

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B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE PLAINLY, WITH

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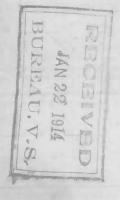
PLACE OF DEATH	STATE OF MARYLAND		
County Maritanny 14216	CERTIFICATE OF DEATH		
D 1.11	Registration Dist. No. 23		
Village or City Market (No.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]		
2FULL NAME MM // CIRCL	ym		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SEX  4 COLOR OR RACE  5 SINGLE,  MARRIED,  WIDOWED,  ORDIVORCED  (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from		
Month) (Day (Year)	that Mast saw har allve on Of 7 th 1913.		
7 AGE   If LESS than 1 day,	and that death occurred on the date stated above, at		
6 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in	) and the second of the second		
which employed (or employer)	(Duration) mosds.		
9 BIRTHPLACE (State or country)	Contributory		
10 NAME OF Chas, Parfrington	(Signed) (Duration) yrs mos ds.		
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
12 MAIDEN NAME OF MOTHER Chica Ciddharas	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.		
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds		
(Informant) Affine To the BEST OF MY KNOWLEDGE	if not at place of death?		
(Address) Arkall Gran	more frove, Md Cot 191		
Filed	W. P. Jumphrey & Cooper		
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

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of certificate.

See instructions on back

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### 14217 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX S BINGLE, 4 COLOR OR RACE MARRIED, WIDOWED, (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day,....hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) ARENTS 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

[If death occurred lo a hospital or Institution, give its NAME instead ot street and number. ]

COLOR OR RACE SAINGLE,	16 DATE OF DEATH OCT 7 , 1913
Write the word)	(Month) (Day (Year)
aug 12, 1915	HEREBY CERTIFY, That I attended deceased from  191, to Der 7, 191,  that I last saw her alive on Der 6, 191,
(Month) (Day (Year)	triat i rast saw ir-
yrs ds.   If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
stry,	and Abh
yer)	(Duration) syrs those ds.
md -	Contributory Secondary
Ederd men Ja	(Signed) O. d. Direction) yrs mos ds.  (Signed) O. d. Direction, M. D.  Der 7 191 (Address) Rose (meet held)
entry) Red .	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Pearl Sellings	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS)  At place In the of death yrs
UE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
MKullian	Former or
Moduce may	19 PAACE OF BURIAL OR REMOVAL DATE OF BURIAL  Recluseel Red Oct. 1915
, 191 REGISTRAR	Wolfe Complex Rockness
at more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tlou is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never rcturn "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples:

Statement of cause of death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia, "unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiulte; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUEEPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report

